



BOWLING GREEN STATE UNIVERSITY

Office of the Dean of Students Evaluation Form

This form is REQUIRED if you meet the following criteria or when requested by the Office of Graduate Admissions:

- you are currently enrolled or have been enrolled as a student within the last academic year, or
• you have ever attended a postsecondary institution.

APPLICANT

Please complete the section below prior to providing this form to the Dean of Students at the institution you last attended.

Applicant's Name: Last First Middle or Previous Name, if applicable

Permanent Address: Number Street City State Zip

Intended date of entrance: [ ] Fall Semester, 20 [ ] Spring Semester, 20 [ ] Summer Semester, 20

Previous postsecondary institutions and dates attended:

From: To:
From: To:
From: To:

The bottom of this form must be completed before a final determination on your application for admission will be made. Your signature and date below authorizes the release of the requested information.

Signature: Date:

OFFICE OF THE DEAN OF STUDENTS/STUDENT CONDUCT

The above applicant has applied for admission as a graduate student to Bowling Green State University. Please complete the section below and return this form to the Office of Graduate Admissions. If you have additional comments, please attach additional sheets or use the reverse side.

CONFIDENTIALITY

Materials submitted in support of an application for admission to Bowling Green State University are reviewed only by the Associate Dean of Students and staff responsible for the admissions process.

Was the student involved in any non-academic conduct action during enrollment at your institution? [ ] Yes [ ] No

If yes, please describe the charge and action taken, including any sanctions

Is the student eligible for immediate re-enrollment at your institution? [ ] Yes [ ] No

If no, please explain

Are there any additional student services this student may need? [ ] Yes [ ] No

If yes, please explain

Institution Signed

Phone E-mail

Date Position